

Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**

Patients | Transcriptions | Appointments | Charge Capture | Prescriptions | Labs/Radiology | Documents | Forms | Referrals | CMS Incentive Program | Billing |

Today's List |  | **Open Items** [4] | **Messages** [4] | Health Alerts | My Profile | Clinic | GuideLines | Updates | Practice Portal | File Checksum | Upload Certificate | MU Documentation | View Fax Status | Logout

Patient Dashboard

Cross, Chris SSN # ██████████ Ext. Rec#: ██████████ Phone ██████████ (H) DOB ██████████ Chart # CROCH0001 Age 45 yrs Sex: Male Pat. Due \$0.00 Print Last STMT.	Principal Provider: Dr. Colleen Kennedy Health Record Referring Provider: Pri. Care Provider: Unread Messages:	History Edit
		Electronic Notes <input type="text" value="Enter Keyword"/> 

Patient's Primary Insurance Details

Payer / Policy	Group / Plan	Member/ Subscriber	Validity	Co-Pay Details	Action
No Primary Insurance Record Exist					

Demographics [Allergies](#) [OmniMD Rx History](#) [Transcriptions](#) [Messages](#)
Insurance Records [Current Medications](#) [All Rx History](#) [Referrals](#) [CDA](#)
Eligibility Info [Medical History](#) [Rx Refills](#) [Form Records](#) [Lock Users](#)
Advance Directives [Family History](#) [Rx Change Requests](#) [Scanned Documents](#) [Super Bills](#)
Patient Confidentiality [Social History](#) [Lab/Radiology Orders](#) [Patient Flow Sheet](#) [Patient Ledger](#)
Patient Annotations [Immunization](#) [Lab/Radiology Test Results](#) [Active Problem List](#)
Patient Activity History [HIPAA Disclosure](#) [Progress Report](#) [Pending Immunizations](#) [Patient Contact](#)
Incoming Referral File [Amendment](#) [Patient Education](#) [Patient Education](#)

Patient Portal Information [Patient Portal](#) [Billing Note](#)

Cases and Visits

Date of Service	Chief Complaint	Attending Provider	Progress	New Case/Visit
02/10/2014 0:00 AM-0:15 AM MON		AUTO		

[Action](#)

Patient's Recent and Upcoming Health Alerts

Add Health Alert				
Applicable	Category	Health Alert	Status	Action

Patient's Future Appointments

Print			
Dt.of Service	Chief Complaint	Provider	Procedures

[Delete Patient](#)

[HELP](#) Help Desk: 914.332.5590 | [Report a Problem](#) | [ICD-10 Transition Feedback](#) | [Feedback](#)

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GOVERNMENT
EXHIBIT
608
4:18-CR-368



Version 14.0

Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, Colleen I Kennedy, MD, PA

[Patients](#) | [Transcriptions](#) | [Appointments](#) | [Charge Capture](#) | [Prescriptions](#) | [Labs/Radiology](#) | [Documents](#) | [Forms](#) | [Referrals](#) | [CMS Incentive Program](#) | [Billing](#)

[Today's List](#) | [Open Items](#) | [Messages](#) [4 : Health Alerts | My Profile | Clinic | Guidelines | Updates] | [Practice Portal](#) | [File Checksum](#) | [Upload Certificate](#) | [MU Documentation](#) | [View Fax Status](#) | [Logout](#)

Patient Personal Record

<input checked="" type="checkbox"/> Cross, Chris	Sex	Male	DOB	Age 45 yrs
Chart # CROCH0001	SSN #	Phone	(H)	

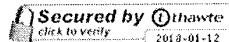
[Modify Patient Profile](#)
[Print View](#)
[Patient Demographics History](#)
[Add/View Patient Past Address](#)

First Name	Chris	Address1	
Last Name	Cross	Address2	
Middle Initial		City	
SSN		State	
Suffix		Zip Code	
Father Name		Country	
Mother Name		Preferred Phone	
Mother's Maiden Name		Call Preference Order	
Alias Name		Home Phone	
Date of Birth	[REDACTED]	Work Phone	
Birth State		Fax	
Sex	Male	Cell Phone	
Guardian		E-mail Address	
Work Status		Driving License	
Industry		Significant Others	
Occupation		Emergency Contact 1	Phone #
Employer		Emergency Contact 2	Phone #
Attorney		Signature on File	
Adjuster		Release of Info Signed	
Student Status		Preferred Language	
Blood Group		Pharmacy	
Race		Consent	
Ethnicity		Disable Health Alerts	No
Smoker		External Rec#	NPI
Marital Status		Treatment Status	
Patient Type		Custom Field1	
Referring Provider		Custom Field2	
Other Ref. Provider		Generate Statement	Yes
Pri. Care Provider		Exemption from Reporting	No
Principal Provider	Dr. Colleen Kennedy	Communication Preference	By Phone
Visit Location	Business Office Dallas	Comments	
Patient Category		No Known Problems	No
		MU Demographic Exclusion	
		Patient Portal Module	Opt Out
		Send Direct Message	Disabled
		Last Payment Date	
		Last Payment Amount	
		Last Modified Date	11/04/2014
		Last Modified By	

[Modify Patient Profile](#)
[Print View](#)
[Patient Portal Information](#)

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click to verify | 2019-01-12

Patient : **Cross, Chris** Sex : Male

Chart# : CROCH0001 DOB : XXXXXXXXXX
Phone : XXXXXXXXXX(H), Address : , , ,
Ref By :

DOS : **02/10/2014 0:00 AM(CST)** (15 mins), Location: CIK Business Office Rockwall

Chief Complaint:

Attended By: Dr. Colleen Kennedy (214-775-1356)

Employer:

Allergies

No Allergies Recorded.

Current Medications

Prescriptions and Lab Orders

Diagnoses

DIAGNOSES

Procedures

PROCEDURES

Disposition

Patient		DOB
Chris Cross		[REDACTED]
Home Phone	Cell Phone	[REDACTED]
Address [REDACTED]		
City Forney	State TX	Zip 75726
Allergies Penicillin	Diag.	

Insurance Info	
Carrier: Aetna	
Bin# 610502	PCN#
Group # 806649 - 011 - 00001	
Workers Comp	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DOI	Claim #

General Pain / Inflammation

<input type="checkbox"/> GPI-2
• Tramadol 5%
• Flurbiprofen 20%
• Cyclobenzaprine 2%
• Baclofen 2%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

Back & Radicular Pain

<input type="checkbox"/> BRP-3
• Ketamine 10%
• Clonidine 0.2%
• Gabapentin 6%
• Flurbiprofen 10%
• Lidocaine 2%

<input type="checkbox"/> BRP-4
• Gabapentin 6%
• Clonidine 0.1%
• Diclofenac 2%
• Lidocaine 2%
• Pentoxylline 2%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

Neuropathic & Chronic Pain

<input type="checkbox"/> NCP-5
• Ketamine 10%
• Baclofen 2%
• Gabapentin 6%
• Imipramine 3%
• Nifedipine 2%
• Lidocaine 2.5%

<input type="checkbox"/> NCP-8
• Ketamine 10%
• Baclofen 2%
• Cyclobenzaprine 2%
• Flurbiprofen 10%
• Gabapentin 6%

(Dispensing Quantity: 300mLs OR Other Quantity: _____)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

<input checked="" type="checkbox"/> NCP-7
• Flurbiprofen 20%
• Baclofen 2%
• Cyclobenzaprine 2%
• Gabapentin 6%
• Lidocaine 2.5%

<input type="checkbox"/> NCP-9
• Ketamine 10%
• Baclofen 2%
• Cyclobenzaprine 2%
• Gabapentin 6%
• Lidocaine 2%
• Diclofenac 3%

(Dispensing Quantity: 300mLs OR Other Quantity: 240mLs)
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: 1)

Alternative SIG: _____

Prescriber Name: Colleen Kennedy, MD NPI # 1508897810

Lic. #: M7325 DEA #: BK8400068

Address: 1309 Ridge Rd. Ste 107 Rockwall TX 75087

Phone #: 214-775-1356 Fax #: 214-613-2221

Signature (Note: Manual Signature Required for CS) Colleen Kennedy

Date: 2/10/14

Note: Ketamine is Schedule III controlled substance.

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GX608.004

KEN000459

DOJ-18CR368-0116622

Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**

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Today's List |  | **Open Items** |  | **Messages [4 : 0]** | Health Alerts | My Profile | Clinic | GuideLines | Updates | Practice Portal | File Checksum | Upload Certificate | MU Documentation | View Fax Status | Logout Status

Patient Dashboard

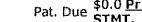
Cross, Janette Principal Provider: **Dr. Colleen Kennedy Health Record**

SSN # Ext. Rec#: Principal Provider: Referring Provider: Pri. Care Provider: Unread Messages: **Message Alert**

Phone  (H) History

DOB 

Chart # CROJA0002 Age 40 yrs Sex: Female 

Pat. Due \$0.0 

Electronic Notes  

Patient's Primary Insurance Details

Payer / Policy	Group / Plan	Member/ Subscriber	Validity	Co-Pay Details	Action
No Primary Insurance Record Exist					

Demographics **Allergies** **OmniMD Rx History** **Transcriptions** **Messages**

Insurance Records **Current Medications** **All Rx History** **Referrals** **CDA**

Eligibility Info **Medical History** **Rx Refills** **Form Records** **Lock Users**

Advance Directives **Family History** **Rx Change Requests** **Scanned Documents** **Super Bills**

Patient Confidentiality **Social History** **Lab/Radiology Orders** **Patient Flow Sheet** **Patient Ledger**

Patient Annotations **Immunization** **Lab/Radiology Test Results** **Active Problem List**

Patient Activity History **HIPAA Disclosure** **Progress Report** **Pending Immunizations** **Patient Contact**

Incoming Referral File **Amendment** **Patient Education** 

Patient Portal Information  **Billing Note**

Cases and Visits **New Case/Visit**

Date of Service	Chief Complaint	Attending Provider	Progress	Action
01/27/2014 0:00 AM-0:15 AM MON		AUTO	 	

Patient's Recent and Upcoming Health Alerts **Add Health Alert**

Applicable	Category	Health Alert	Status	Action	Communication Type
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Patient's Future Appointments **Print**

Dt.of Service	Chief Complaint	Provider	Procedures
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Patient	DOB
Janette Cross	
Home Phone	Cell Phone
Address	302 S. Chestnut
City	Forney
Allergies	Diag.

Insurance Info		
Carrier:	Medco	
Bin#	610014	PCN#
Group #	TRSACTIVECARE 2	
Workers Comp	Yes	No
DOI	Claim #	

General Pain/Inflammation

GPI-2

- Tramadol 5%
- Flurbiprofen 20%
- Cyclobenzaprine 2%
- Baclofen 2%

(Dispensing Quantity: 300mLs OR Other Quantity: 120 mLs
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: PRN)

Back & Radicular Pain

BRP-3

- Ketamine 10%
- Clonidine 0.2%
- Gabapentin 6%
- Flurbiprofen 10%
- Lidocaine 2%

BRP-4

- Gabapentin 6%
- Clonidine 0.1%
- Diclofenac 2%
- Lidocaine 2%
- Pentoxifylline 2%

(Dispensing Quantity: 300mLs OR Other Quantity: _____
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

Neuropathic & Chronic Pain

NCP-5

- Ketamine 10%
- Baclofen 2%
- Gabapentin 6%
- Imipramine 3%
- Nifedipine 2%
- Lidocaine 2.5%

NCP-8

- Ketamine 10%
- Baclofen 2%
- Cyclobenzaprine 2%
- Flurbiprofen 10%
- Gabapentin 6%

(Dispensing Quantity: 300mLs OR Other Quantity: _____
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

NCP-7

- Flurbiprofen 20%
- Baclofen 2%
- Cyclobenzaprine 2%
- Gabapentin 6%
- Lidocaine 2.5%

NCP-9

- Ketamine 10%
- Baclofen 2%
- Cyclobenzaprine 2%
- Gabapentin 6%
- Lidocaine 2%
- Diclofenac 3%

(Dispensing Quantity: 300mLs OR Other Quantity: _____
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: _____)

Specialty

SCAR

- Fluticasone Propionate 1%
- Levocetirizine Dihydrochloride 2%
- Pentoxifylline 0.5%
- For painful scars add:
- Pilocaine 3%
- Gabapentin 15%

DERM-5: CONTACT DERMATITIS

- Fluticasone 1%
- Methylcobalamin 0.07%
- Coenzyme Q10 4%
- Contact Dermatitis with pain add:
- Lidocaine 2%
- Hydroxyzine 2%

DERM-2: TOPICAL ANTI FUNGAL CREAM

- Fluticasone 1%
- Fluconazole 2%
- Pentoxifylline 0.5%
- Lidocaine 2%
- Hydroxyzine 2%

DERM-6: PSORIASIS

- Fluticasone 1%
- Methylcobalamin 0.042%
- Coenzyme Q10 2.4%
- Vitamin D3 0.03%
- Tretinoin 0.012%

DERM-3: ANTI FUNGAL NAIL LOTION

- Fluticasone 1%
- Fluconazole 2%
- Urea 15%

DERM-7: PLANTAR FASCIITIS

- Diclofenac 5%
- Baclofen 2%
- Fluticasone 1%
- Lidocaine 2%
- Verapamil Hydrochloride 10%

Metabolic/Supplements

MS-1: GENERAL WELLNESS/ DERMATOLOGIC WELLNESS

- Co-Q10 75mg
- Alpha Lipoic Acid 50mg
- N Acetyl Cysteine 250mg
- Vit D3 1000 IU

MS-2: NEUROPATHIC/ POST SURGICAL WELLNESS

- Methylcobalamin 40mg
- Pyridoxal-5-Phosphate 100mg
- 5-MTHF 8mg

Alternative SIG: _____

Prescriber Name: Colleen Kennedy M.D. NPI # 1508897810

Lic. #: M7325 DEA #: BK8400068

Address: 1309 Ridge Rd. Ste #107 Rockwall, TX 75087

Phone #: 214-775-1356 Fax #: 214-601-2231

Signature (Note: Manual Signature Required for CS) Colleen Kennedy

Date: 7/7/19

Note: Ketamine is Schedule III controlled substance.

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KEN000461

DOJ-18CR368-0116624